

Prevention of arboviral diseases

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Arbivoral diseases affecting humans

Mosquito borne:

Yellow fever

Dengue 1,2,3 & 4

Chikungunya

Ziika

Japanese encephalitis

West Nile

Usutu

Mayaro

Tick borne:

Tick-borne encephalitis

Crime-Congo

haemorrhagic fever

Sandfly borne:

Toscana

Oropouche



Important global threats

	Regions at risk	Endemic region	Pathways for introduction*
Japanese encephalitis virus	Americas	Asia	Infected livestock
Rift Valley fever virus	Americas, southern Europe	Africa, Asia	Infected livestock
Venezuelan equine encephalitis virus	Europe, Asia, Africa	Americas	Infected livestock
Chikungunya virus	Europe, Americas, Australia	Africa, Asia	Infected people
Mayaro virus	Africa, Asia, Europe	South America	Infected people
Zika virus	Europe, Americas	Africa, Asia	Infected people
Crimean-Congo haemorrhagic fever	North Africa, east Asia, central and western Europe	Africa, Asia, Europe	Infected livestock
Dengue virus	Southern Europe	Southern hemisphere	Infected people
West Nile virus	Central Europe, Turkey	Africa, Asia, Europe, Australia	Migratory or dispersing birds
Sindbis virus	Northern Europe	Africa, Asia, Australia	Migratory or dispersing birds

(Kilpatrick & Randolph, The Lancet, 2012)

Just 2 years ago....






LIVE ET

ON THE SCENE

GMA
HEALTH
ALERT

AT THE ZIKA VIRUS EPICENTER
MORE CASES DETECTED IN U.S.

GMA
@GMA



THE
USUAL SUSPECTS



1. Could we have seen this coming?

2. What are our current and future risks?

3. What can we do about it?



1. Could we have seen this coming?

2. What are our current and future risks?

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A close-up photograph of a mosquito, likely a species of Anopheles, with its abdomen filled with a dark red liquid, presumably blood. The mosquito is positioned diagonally across the frame, with its head at the top left and its abdomen extending towards the bottom right. The background is a soft, out-of-focus gradient of light blue and beige. Overlaid on the left side of the image is a large, bold, black number '1' followed by the text 'Could we have seen this coming?' in a bold, black, sans-serif font. Below this, there is a bulleted list with two items: 'Historical context' and 'Spread of the mosquito & the disease', both in a smaller, dark blue, sans-serif font.

1. Could we have seen this coming?

- Historical context
- Spread of the mosquito & the disease

Yellow Fever commission, Cuba, 1900



Carlos Finlay, 1881: mosquito hypothesis



Reed



Carroll



Agramonte



Lazear



Yellow Fever commission, Cuba, 1900



Unhygienic,
NOT mosquito-proof



Hygienic,
Mosquito-proof

Concern about diseases spread by *Aedes aegypti*

- Introduction of *Aedes aegypti* and yellow fever into North America (1700s)
- Abandonment of construction Panama canal (1880s)
- Epidemics of yellow fever in South America (1920-1950s)

Solution: eradication of *Aedes aegypti* with insecticides

Eradication of *Aedes aegypti* ...?

1930's



1970



2011



Fred L. Soper
(1893 - 1977)



Concern about diseases spread by *Aedes aegypti*

- Epidemics of **yellow fever** in South America (1920-1950s)
..... *Aedes aegypti* eradication campaign (1950-1960)
- Spread of **dengue** across the world (1970s-2000)
- **Chikungunya** outbreak Reunion / India / Italy (2006-2007)
- **Chikungunya** outbreak Caribbean (2014)
- **Zika** outbreak South America (2016-2017)

1947



How the Zika virus spread: in space...

Active transmission

Known previous transmission

Antibodies also detected

2014-16

Zika appears in northern Brazil and spreads through the Americas

6

5

2013
Epidemic on French Polynesia

2

1960
First human cases in Nigeria

1

1947
First documented in monkeys in Uganda

3

1970s
Cases in Pakistan, India, Malaysia, and Indonesia

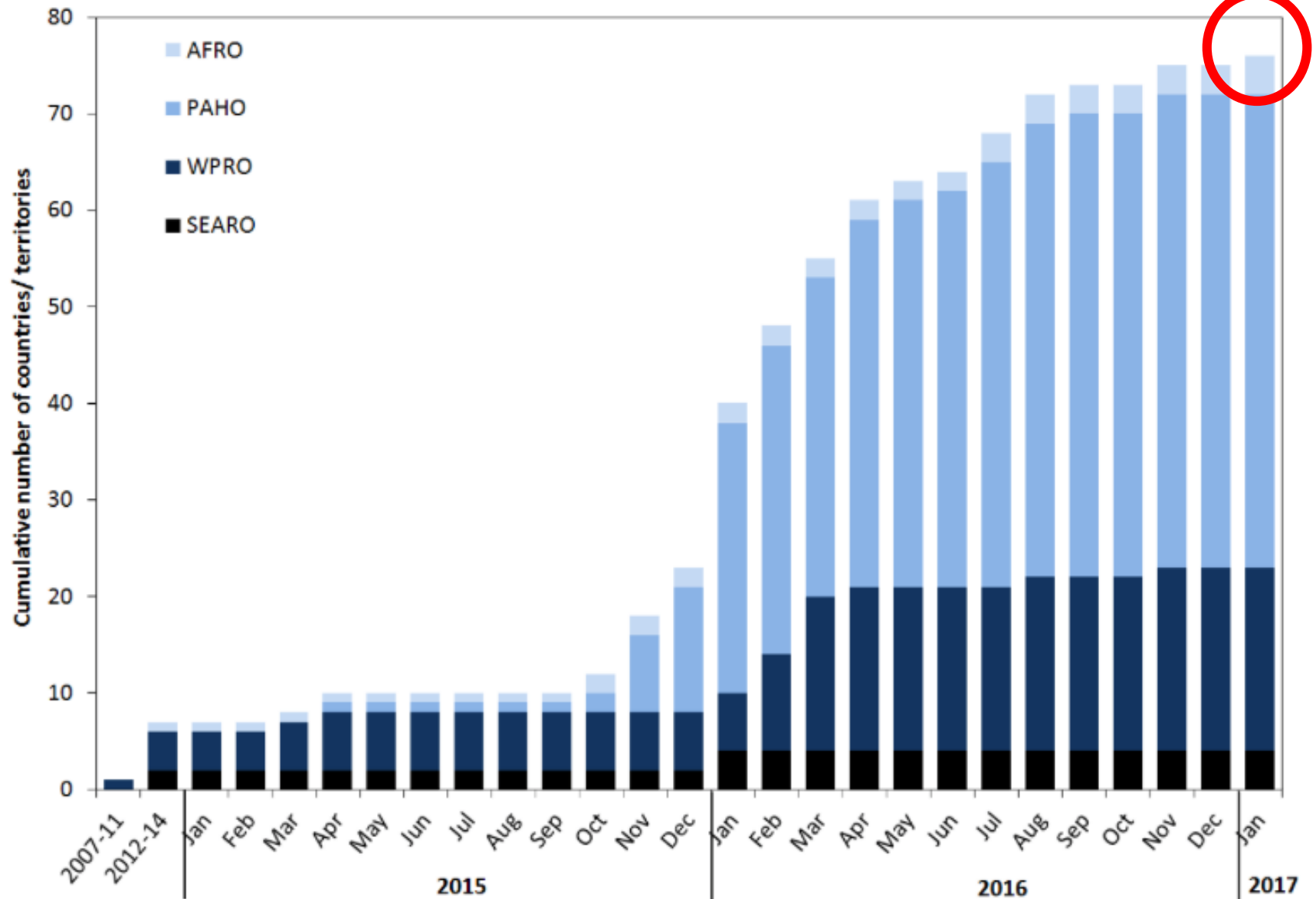
4

2007
Epidemic on island of Yap, Micronesia

SOURCE: WHO and Lancaster University, Feb.1

Vox

... and time



2015



Up to January 2018:
223,734 confirmed cases;
>3720 recorded Zika babies;

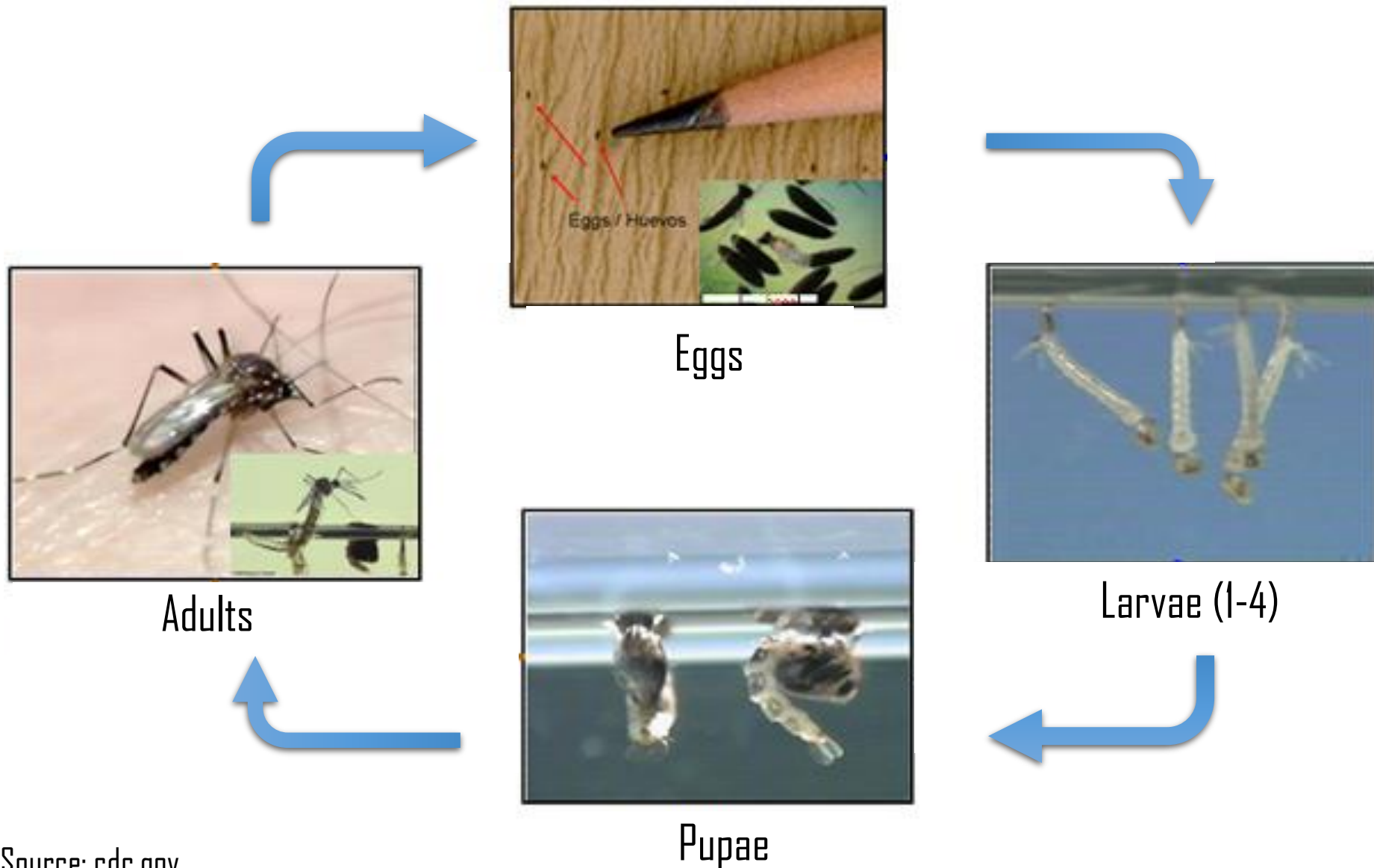
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1. Could we have seen this coming?
 2. **What are our current and future risks?**
 3. What can we do about it?



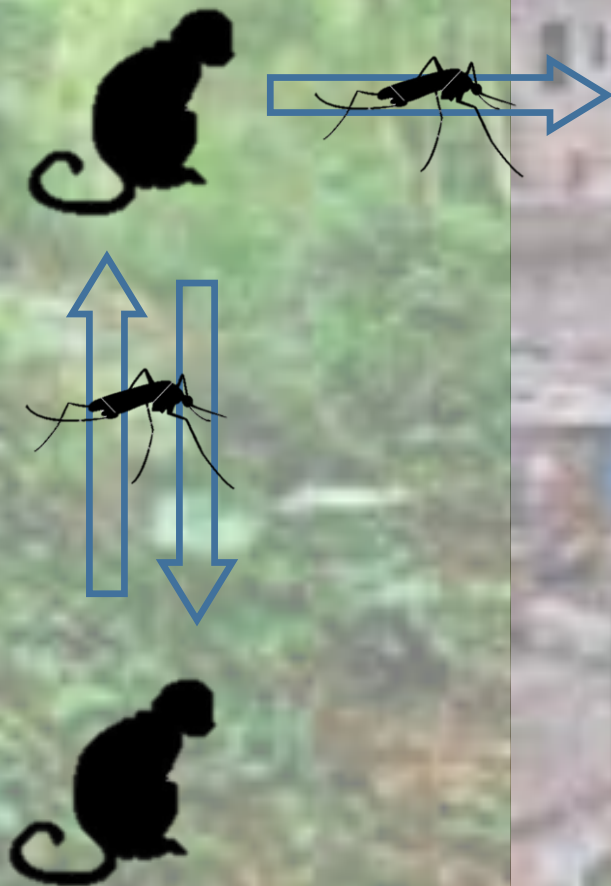
2. What are our current and future risks?

- Mosquito life cycle
- Disease transmission cycle
- Risk assessment

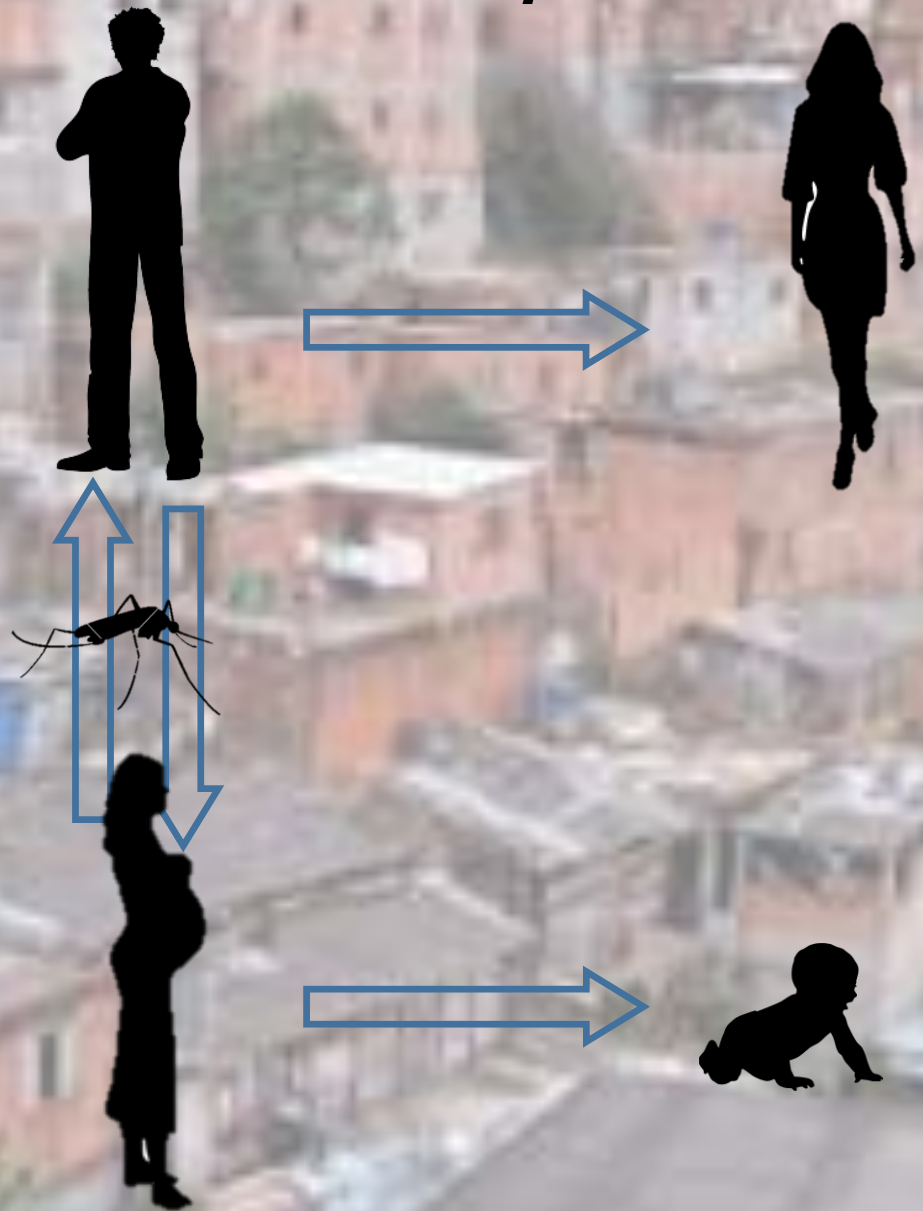
Life cycle of *Aedes aegypti* L.



Forest cycle



Urban cycle



Growing threat: urban centres and *Aedes aegypti* distribution

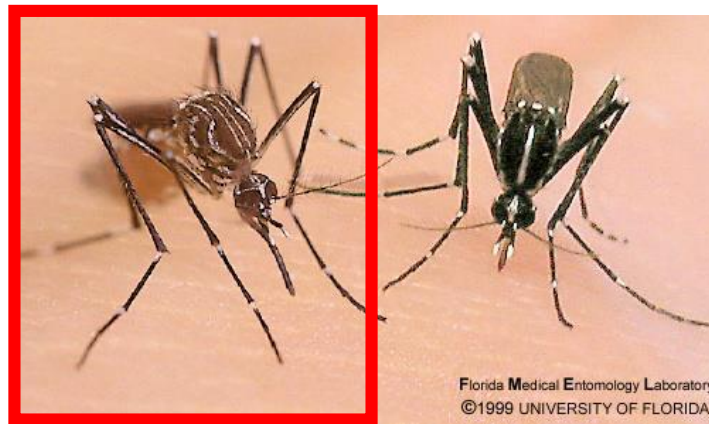
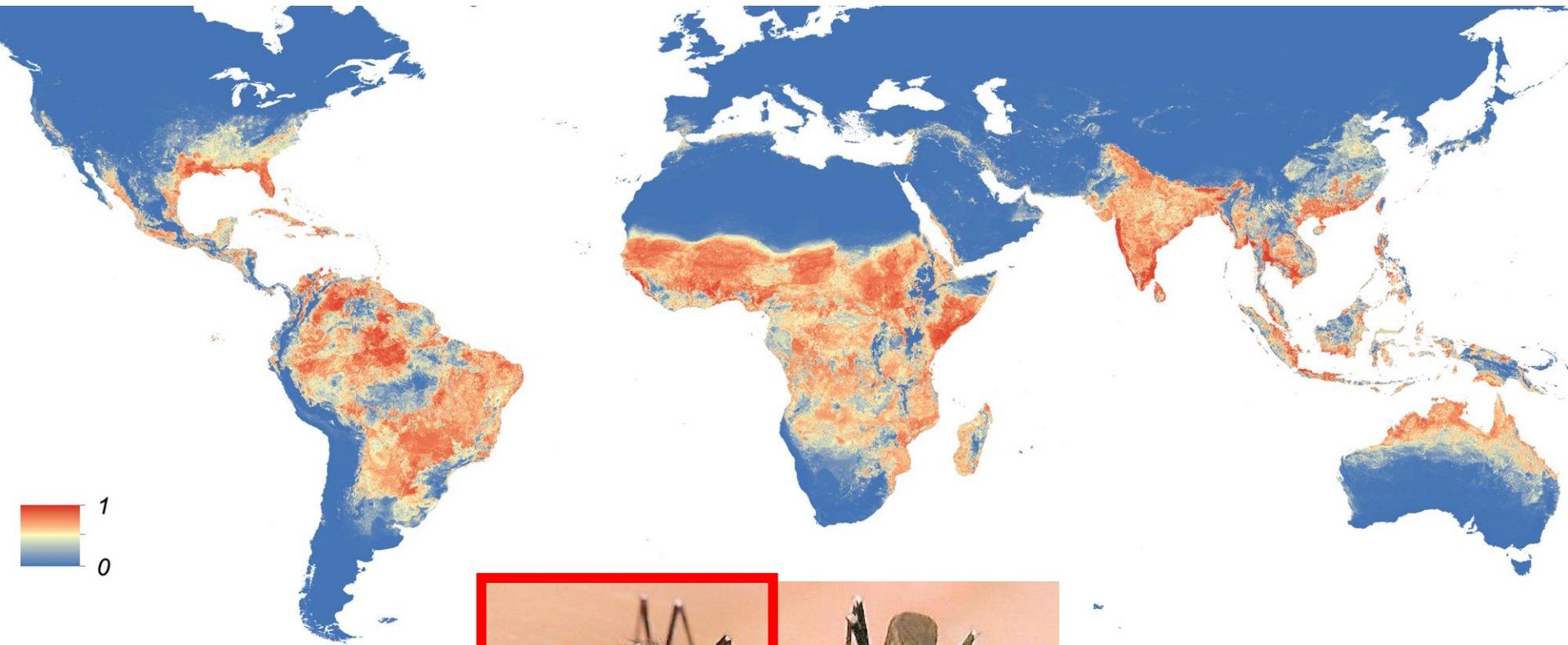


By 2050, > 66% of world population in urban centres

Lindsay et al., *Bull WHO* 2017

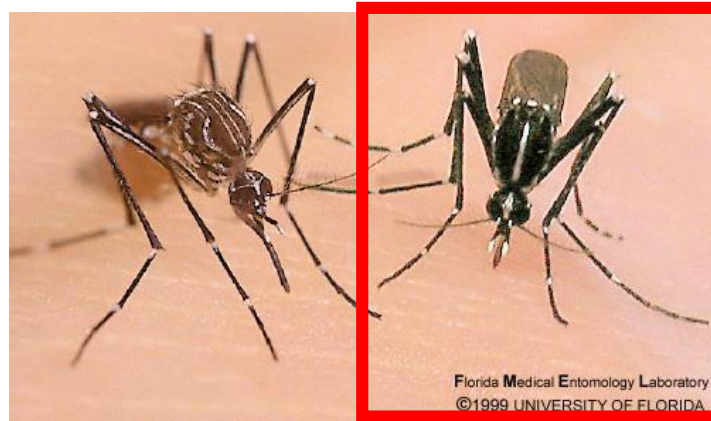
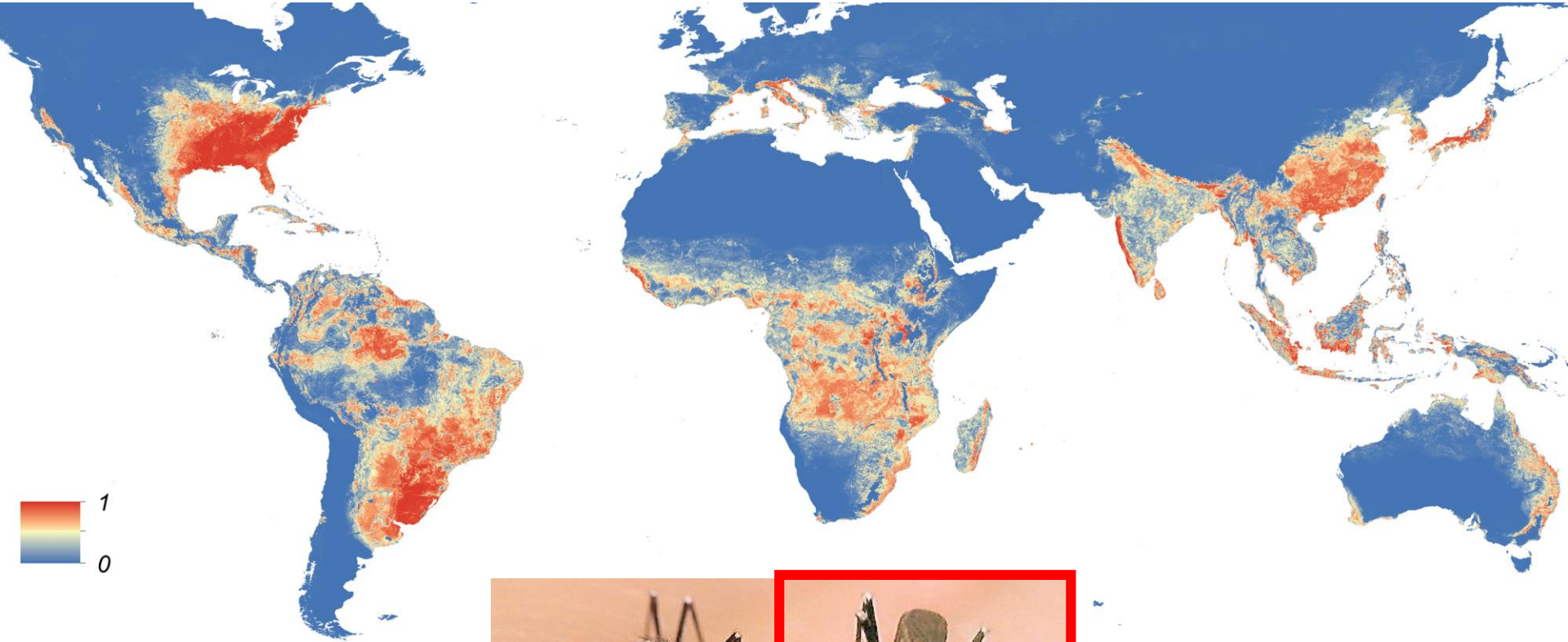


Predicted distribution of *Ae. aegypti*



Kraemer et al., 2015

Predicted distribution of *Ae. albopictus*



Kraemer et al., 2015

Risk assessment

Introduction routes



Susceptibility of mosquitoes



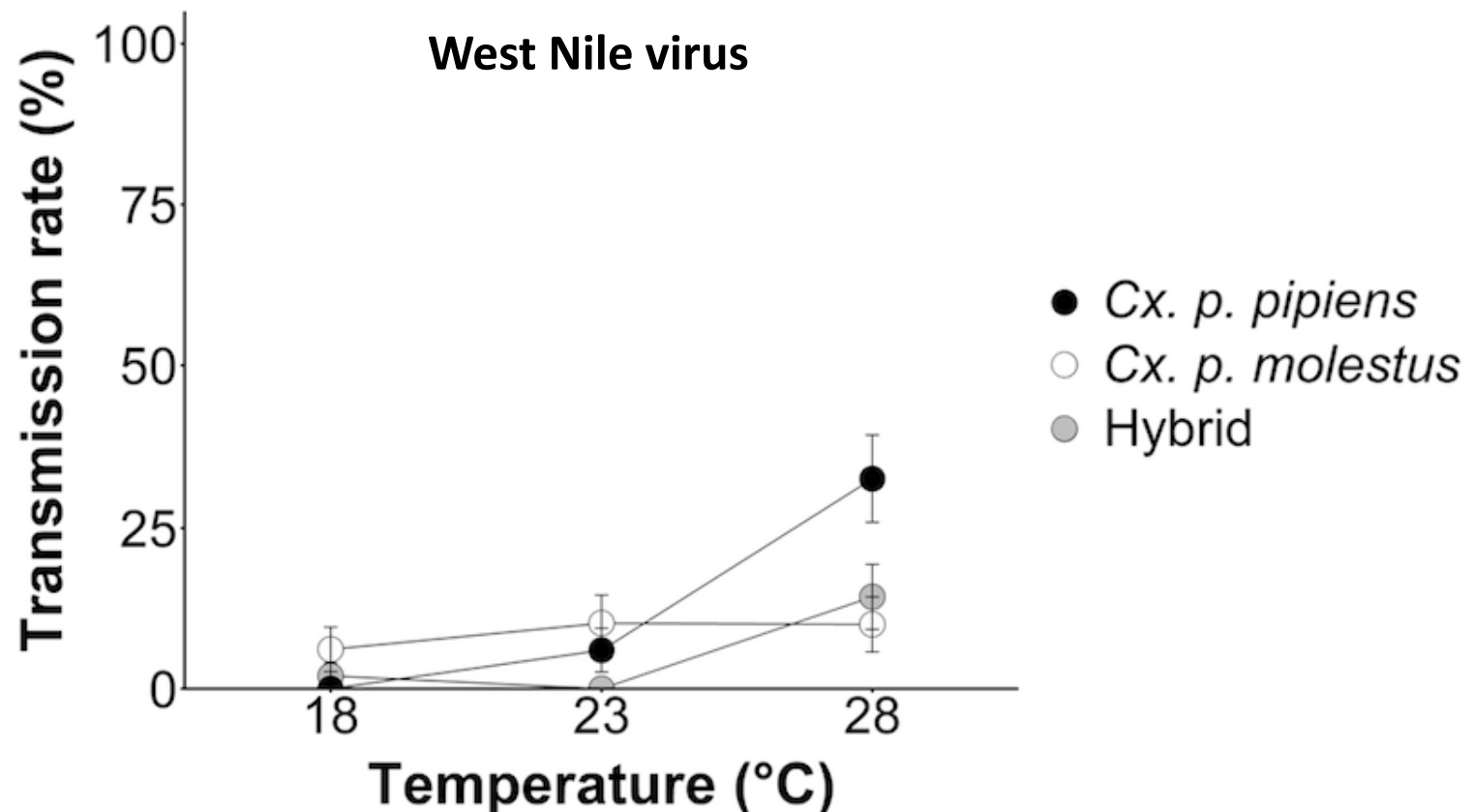
Models

$$R_0 = \frac{ma^2bcp^n}{r(-\ln p)}$$

Risk assessment: susceptibility of mosquitoes: 'milking mosquitoes'



Risk assessment: susceptibility of mosquitoes: 'milking mosquitoes'



- 
1. Could we have seen this coming?
 2. What are our current and future risks?
 - 3. What can we do about it?**



3. What can we do about it?

- Mosquito control: current efforts
- New technologies & innovations

Insecticides against adults and larvae



Fogging against mosquitoes outdoors, Brazil 2016

Insecticides against adults and larvae



Fogging against mosquitoes in a church, Brazil 2016

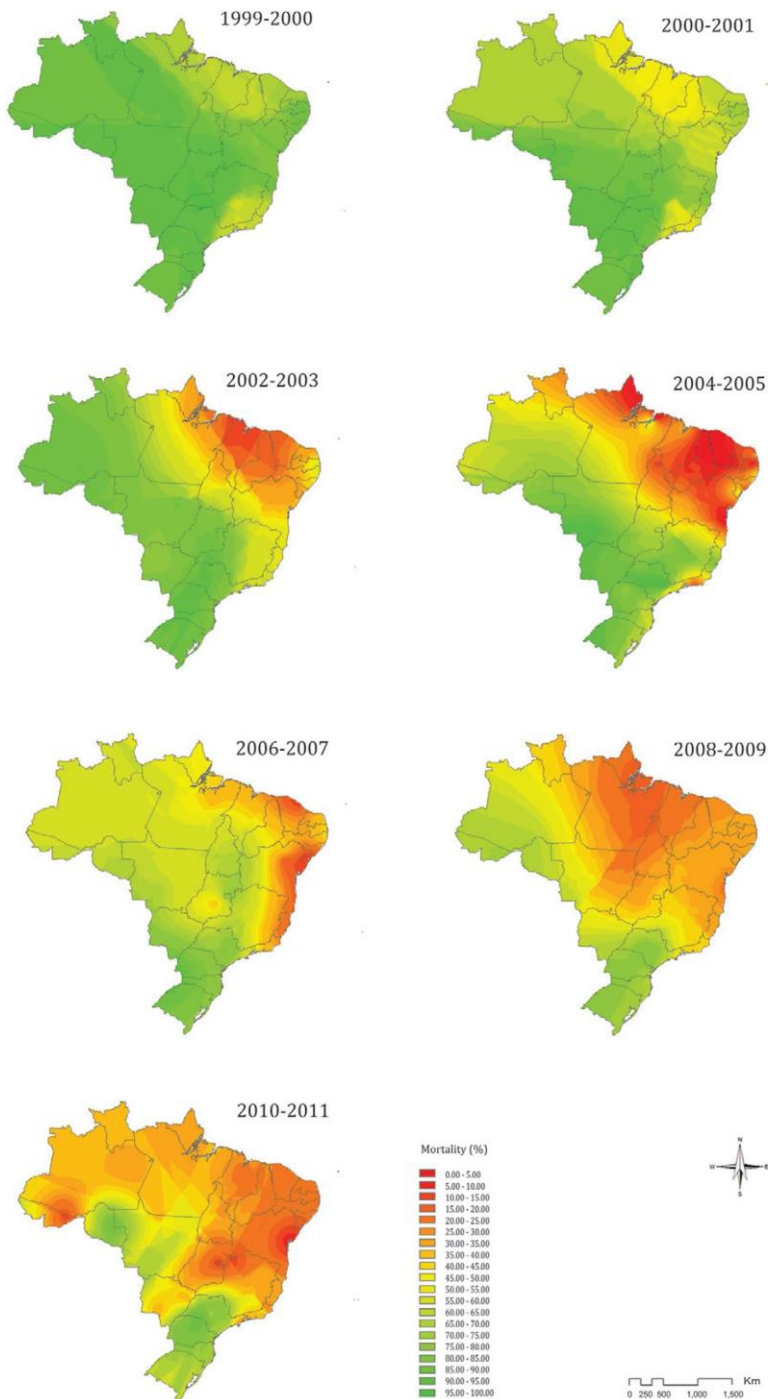
Insecticides against adults and larvae



Fogging against mosquitoes in houses, Brazil 2016

Spread of resistance to temephos in *Aedes aegypti*, Brazil, 1999-2011

Chediak et al, 2016



Community engagement in removal of breeding sites



Suriname, February 2016

Alternative tools: RIDL (GMO)

RIDL = Release of Insects carrying a Dominant Lethal gene, aimed to kill females by genetic strategy



Example: release of sterile mosquitoes in Piracicaba, Brazil (2017) to eradicate the mosquito population



Newsweek

International Business Times

Activists in Florida block release of GM mosquitoes which could suppress Zika outbreak

18 Aug. 2016

TIME

INFECTIOUS DISEASE

Genetically Modified Mosquitoes Divide Florida Residents

9 Nov. 2016

Alternative tools: *Wolbachia*



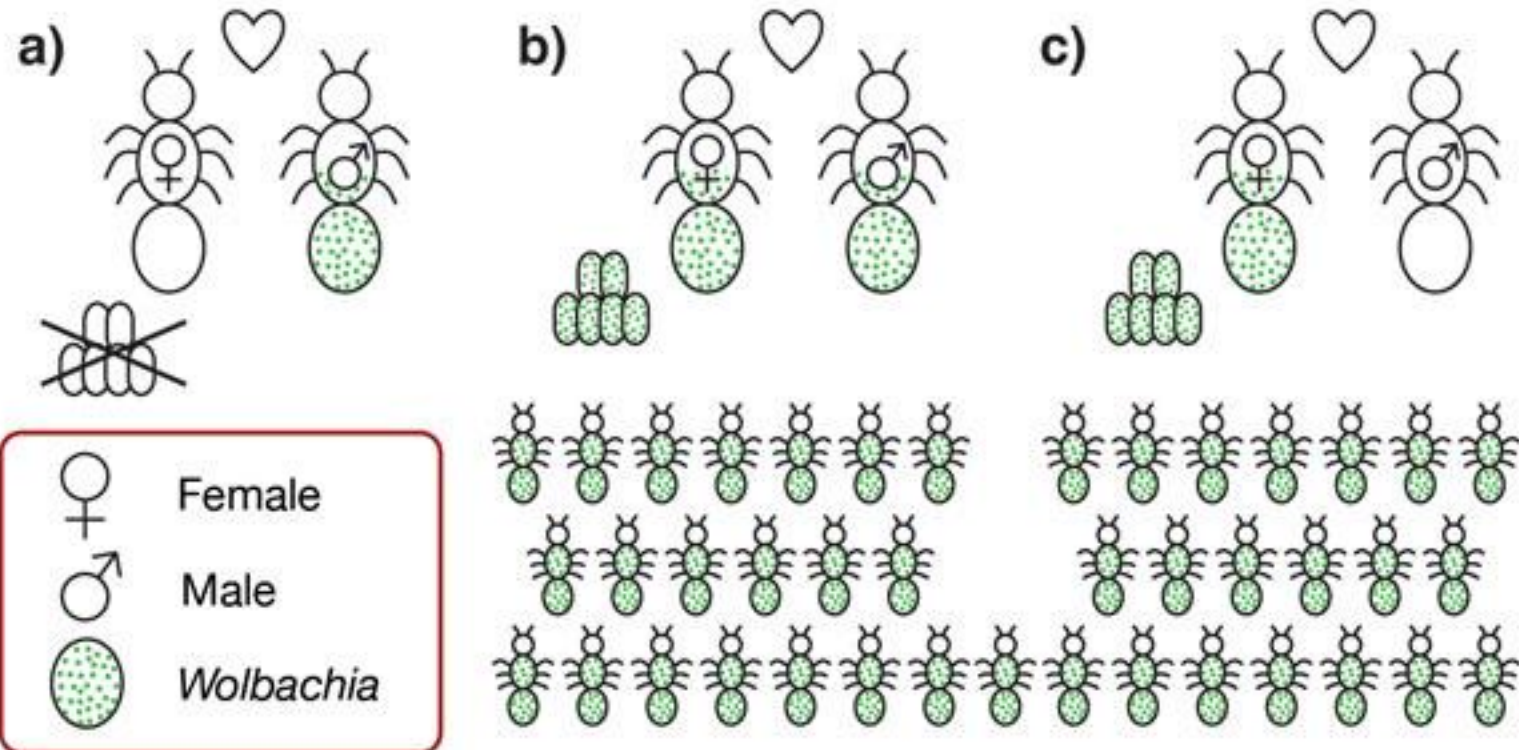
Release of *Wolbachia* carrying mosquitoes to

- a) reduce population size
- b) replace population with *Wolbachia*-transfected mosquitoes



Source: World Mosquito Program, 2018

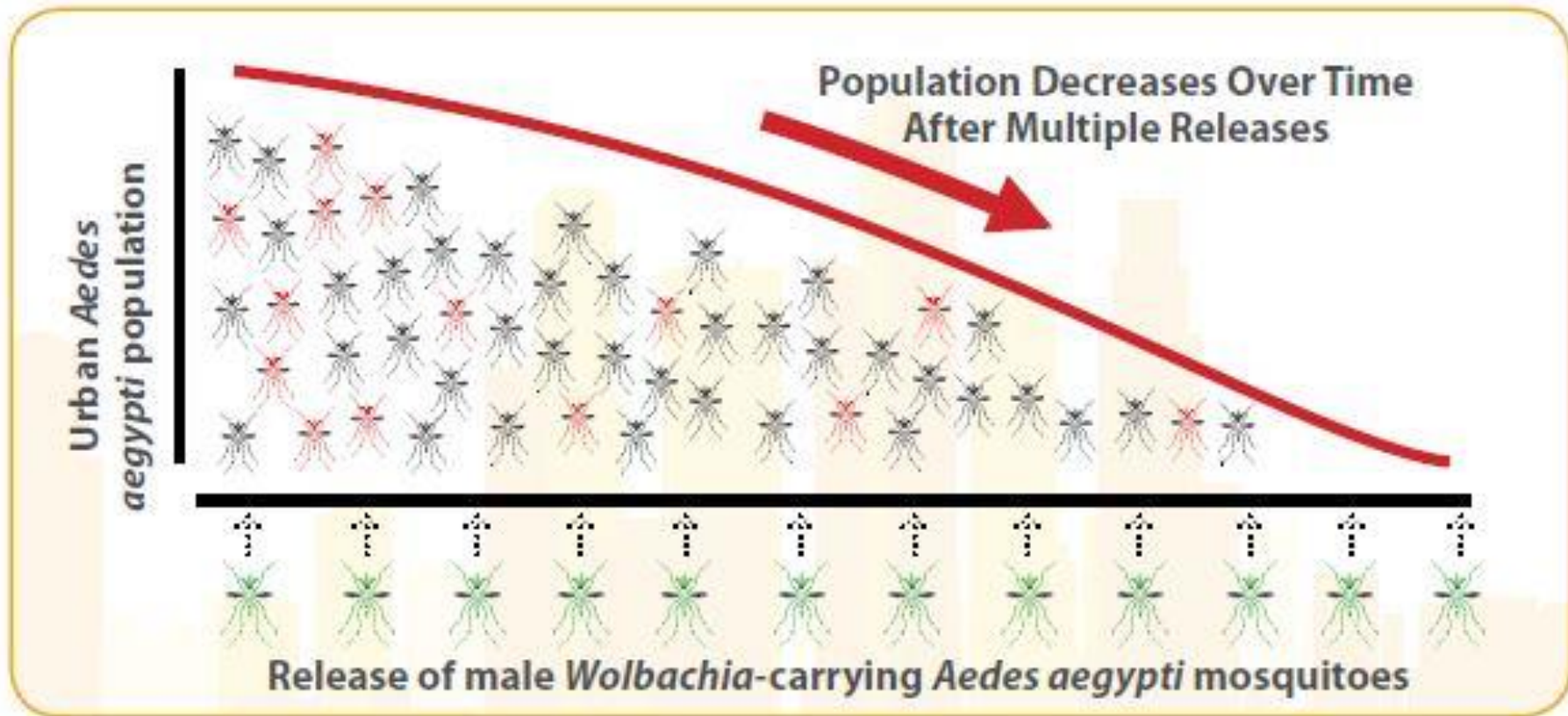
How *Wolbachia* spreads in the wild mosquito population



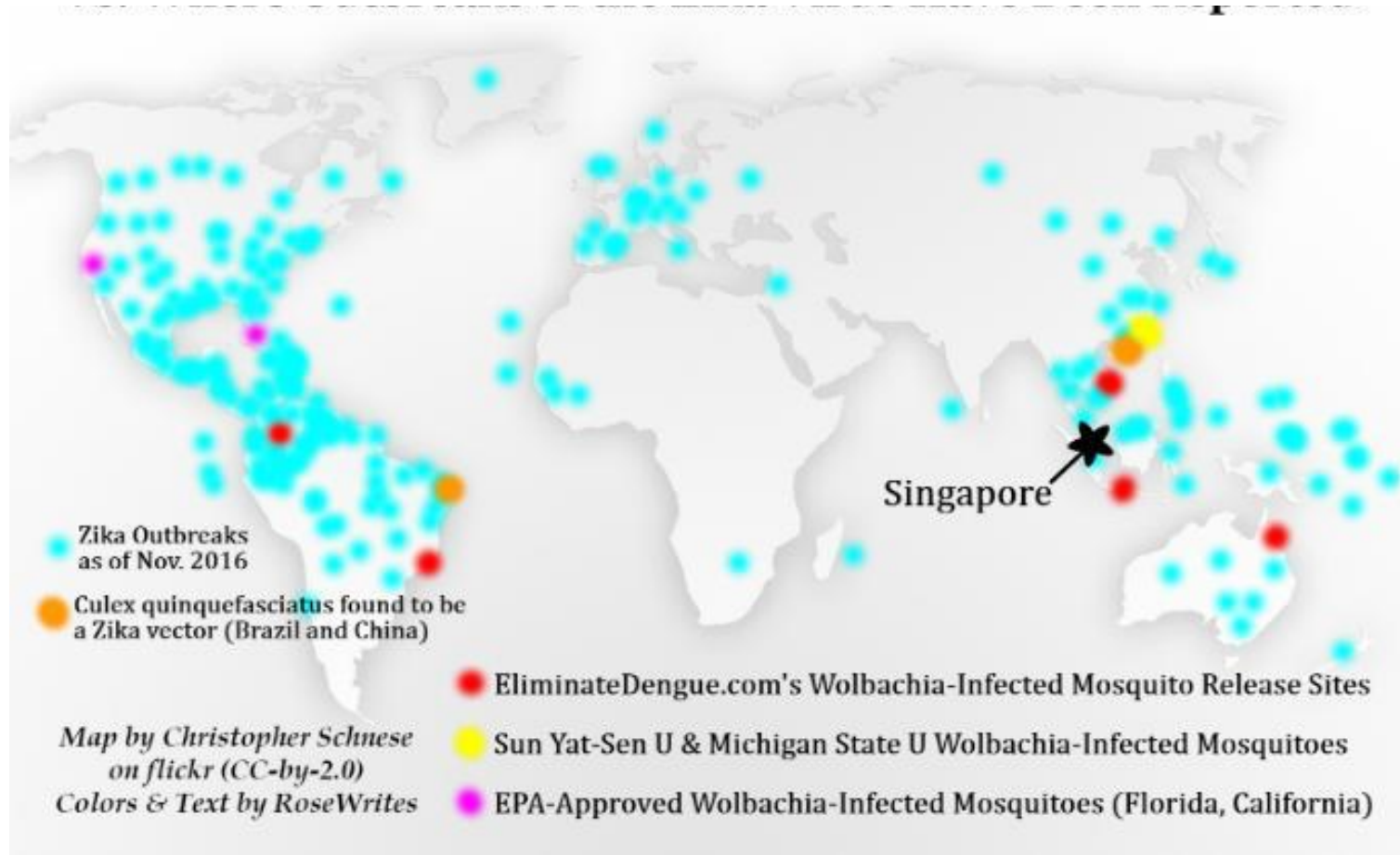
The diagram above explains **Cytoplasmic Incompatibility** and how by releasing a limited number of mosquitoes with *Wolbachia* to breed with wild type mosquitoes, over a small number of generations, will result in all the mosquitoes having *Wolbachia*.

- a) When male mosquitoes with *Wolbachia* mate with female wild mosquitoes that don't have *Wolbachia* those females will have eggs but they won't hatch.
- b) When male mosquitoes with *Wolbachia* mate with females that are already carrying *Wolbachia* the mating will be normal and the offspring will all have *Wolbachia* .
- c) When female mosquitoes with *Wolbachia* mate with males without *Wolbachia* all her offspring will have *Wolbachia*.

Alternative tools: *Wolbachia*



Sites for release of *Wolbachia*-transfected mosquitoes



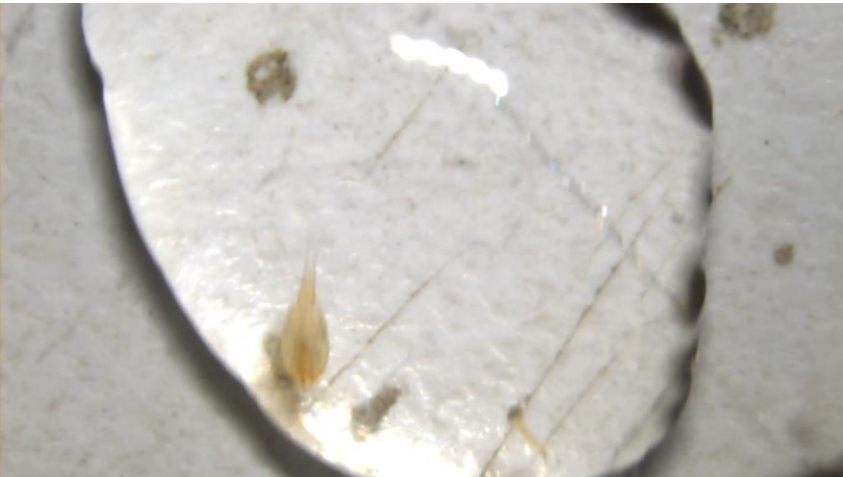
Source: World Mosquito Program, 2018

Alternative tools: biological control



Release or application of *natural enemies* to reduce population size:

- Fungi
- Fish
- Bacteria
- Copepods
- and more...



Alternative tools: removal trapping

- attracting mosquitoes to odour-baited traps -



Homan et al., *Lancet* 2016



1. Could we have seen this coming?

Not at this scale

2. What are our current and future risks?

Risks are perceived "high"

3. What can we do about it?

Integrated vector management &
vaccination

CONCLUSION

- Arboviral diseases occur worldwide
- *Aedes aegypti* most common vector of multiple arboviruses
- Poverty and rapid urbanization enhance the public health threat caused by *Aedes aegypti*
- Arboviral diseases are prone to invading "new" continents
- Insecticidal control of arbovirus vectors not effective
- Vector control most effective way of preventing outbreaks; novel methods of vector control are being developed that show great promise in effectiveness



THANK YOU

